## NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION **EXAMINATIONS & LICENSING UNIT GENERAL SERVICES**

## **EXAMINATION APPLICATION FOR LICENSE TO OPERATE**

| •Place an "X" in one   | of the boxes indicating the t  | ype and classification  | n of the license for wh  | ich you qualify to take an exc                              | ımination                 |  |
|--|--|---|--|---|---------------------------|--|
| •  | application for each examind   | ition.  |  |   |                           |  |
| •Please print or type  | 2.   |   |  |   |                           |  |
| <ul> <li>[ ] Public Water Distribution System - Lic. Class. W-1</li> <li>[ ] Public Water Distribution System - Lic. Class. W-2</li> <li>[ ] Public Water Distribution System - Lic. Class. W-3</li> <li>[ ] Public Water Distribution System - Lic. Class. W-4</li> </ul> |  |   | [ ] Industrial Wastewater Treatment System - Lic. Class. N-1 [ ] Industrial Wastewater Treatment System - Lic. Class. N-2 [ ] Industrial Wastewater Treatment System - Lic. Class. N-3 [ ] Industrial Wastewater Treatment System - Lic. Class. N-4                                    |   |                           |  |
| [ ] Public Water Treatment System - Lic. Class. T-1 [ ] Public Water Treatment System - Lic. Class. T-2 [ ] Public Water Treatment System - Lic. Class. T-3 [ ] Public Water Treatment System - Lic. Class. T-4  |  |   | <ul> <li>[ ] Public Wastewater Collection System - Lic. Class. C-1</li> <li>[ ] Public Wastewater Collection System - Lic. Class. C-2</li> <li>[ ] Public Wastewater Collection System - Lic. Class. C-3</li> <li>[ ] Public Wastewater Collection System - Lic. Class. C-4</li> </ul> |   |                           |  |
| [ ] Public Wastewate<br>[ ] Public Wastewate<br>[ ] Public Wastewate<br>All statements mad   | er Treatment System - Lic. C<br>er Treatment System - Lic. C<br>er Treatment System - Lic. C<br>er Treatment System - Lic. C<br>le in this application, as | Class. S-2<br>Class. S-3<br>Class. S-4<br>Well as any docume      | ents submitted as su   | opporting evidence of qual                                  | ification for thi         |  |
| rejection. Failure of  | ubject to investigation and of the applicant to furnish a  | verification. Falsiful information and i                          | records requested ma   | ent of any material fact will ay result in rejection of the | be cause for application. |  |
|  |  |   | <del></del>  | priate closing date.  |                           |  |
| NT.  | NOID! Applicati  | on must be posting  | •  | •   |                           |  |
| Name   | st MI  | Last  | Date of Bir  | th  |                           |  |
| Address  | Street   |   |  |   |                           |  |
| 110. 4   |  |   |  |   |                           |  |
| *Social<br>Security No.  |  | tate<br>Home<br>Phone No. (<br>Area Code                          |  | Zip Code<br>Phone No. ()<br>Area Code                       |                           |  |
| *Failure to submit   | this information, is an auto   | omatic rejection of t   | nis application.   |   |                           |  |
|  | cense through the ABC recip  | -   |  |   |                           |  |
| Have you previously  | -  | cense with the Depart   | ment of Environment  | al Protection? Yes 1  | √o                        |  |
| Have you previously<br>If yes, for which lice  | y taken a Department of Environment (s)?   | ronmental Protection  | examination for a lic  | ense? Yes No  |                           |  |
| Which Department of  | of Environmental Protection  | license(s) do you nov   | v hold?  |   |                           |  |
| <b>EDUCATION AN</b>  | D TRAINING RECOR   | O (Documento  | ution of Educati   | ion and Training is r                                       | equired.)                 |  |
| Do you have a high   | school diploma or equivalen-   | cy certificate? Y   | es 🗆 No  |   |                           |  |
| Do you have a:   | e.g. physics, biolo [ ] College Degree no [ ] Associate Degree i   | gy, chemistry)<br>t related to engineeri<br>n engineering or a re | ng or science<br>lated science (Specify  | the related science degree                                  |                           |  |
|  | Post secondary voi   | eational program acce   | entable to Department  | of Environmental Protection                                 |                           |  |

| NAME & LOCATIO   | ON OF COLLEGE  | DATES A                    | ATTENDED To  | MAJOR   |                    | DEGREE<br>AND DATE               | ertalization of participated (Artistics) |
|--|--|----------------------------|--|---|--------------------|----------------------------------|--|
|  |  |                            |  |   |                    |                                  |  |
|  |  |                            |  |   |                    | <u> </u>                         |  |
| Have you successfully compl<br>Submit photocopy of course  |  | ing approve                | d courses in the su  | bject matter required                         | by the lice        |                                  | and the same of the same of              |
|  |  |                            | NAME & LOCAT   | ION OF SCHOOL                                 |                    | DATES ATT<br>From                | ENDED<br>To                              |
| Yes No Introductor & Wastewa   | y Course to Water<br>iter Operations   |                            |  |   |                    |                                  |  |
|  | Course Part I [ ]Part II water Part I [ ] Part   | II                         |  |   |                    |                                  |  |
| Yes No Collection  | System Course  |                            |  |   |                    |                                  |  |
| ☐ Ye. ☐ No Industrial V  |  |                            |  |   |                    |                                  |  |
| WAJER/WASTEWATE back through applicable ex signed by the licensed oper consulting or contract opera only all your employer is no | perlence.) NO TE: Al<br>rator in charge, as I<br>tions firm, each facili   | ll employme<br>isted on DE | ent must be verified. Precords. If you   | ed by a Statement of<br>r experience was gain | Qualificated while | ations, Form N<br>in the employm | o. ADM-035<br>ent of a                   |
| NAME OF EMPLOYER   |  |                            | The state of the s | NJPDES/P\                                     | WSID#              |                                  | T. /                                     |
| ADDRESS  |  |                            | Commence of the second  | Facility Cla                                  | ssification        | 1                                |  |
| POSITION/TITLE   |  |                            | DATES OF EMPLOYMENT From: To:  |   |                    |                                  |  |
| ·  | F PART TIME, GIVE<br>HOURS WORKED PI   | <u> </u>                   |  |   | EMPLOY * OPE       |                                  |  |
|  |  |                            |  |   |                    |                                  |  |
| NAME OF EMPLOYER   | · Control Cont |                            |  | NJPDES/PV                                     | VSID#              |                                  |  |
| ADDRESS  |  |                            |  | Facility Clas                                 | ssification        | 1                                |  |
| POSITION/TITLE   |  |                            |  |   | TES OF I           | EMPLOYMEN<br>To:                 | Т  |
|  | F PART TIME, GIVE<br>HOURS WORKED PE   | -                          |  |   | EMPLOY             |                                  | ERIENCE**Mos.                            |

| NAME OF EMPLOYE   | R  | NJPDES/PWSID #  |  |  |  |  |
|---|--|---|--|--|--|--|
| ADDRESS   |  | Facility Classification   |  |  |  |  |
| POSITION/TITLE  |  | DATE  | ES OF EMPLOYMENT   |  |  |  |
| ☐ FULL TIME   | IF PART TIME, GIVE NO. OF  | From  |  |  |  |  |
| ☐ PART TIME   | HOURS WORKED PER WEEK  | DIRECT RESPONSIBLE CHARGE*  | OPERATING EXPERIENCE**   |  |  |  |
|   |  | Yrs. Mos.   |  |  |  |  |
| NAME OF EMPLOYER  | ₹  | NJPDES/PWS  | PRINT NAME OF THE PRINT NAME O |  |  |  |
| ADDRESS   |  | Facility Classi   | fication   |  |  |  |
| POSITION/TITLE  |  |   |  |  |  |  |
| ☐ FULL TIME   | IF PART TIME, GIVE NO. OF  | TIME EM   | MPLOYED  |  |  |  |
| ☐ PART TIME   | HOURS WORKED PER WEEK  | DIRECT RESPONSIBLE CHARGE* Yrs Mos.   |  |  |  |  |
| This experience must b                                      | oe gained while in possession of a lice<br>ace shall mean full time or equivalen | a classification no less than one classifications ense no less than one grade lower than that time spent in the satisfactory performance. | he license sought.   |  |  |  |
| ** Operating Experience significant operational dependence. | ce (Industrial N-1,2.3,4) shall meauties at a system which is acceptable to      | an the full time or equivalent time spent in to the Board. Manufacturing and process e  | the satisfactory performance of experience may be acceptable for   |  |  |  |
| <b>CERTIFICATION</b>  | <u>OF APPLICANT</u>  |   | ARRICAN CONTROL OF THE SECOND AND ARRIVANCE OF THE SECOND ASSESSMENT OF |  |  |  |
| I hereby certify that th                                    | nere are no misrepresentations in my a   | inswers to the questions on this application  | 1.   |  |  |  |
| Signature   |  | Date  |  |  |  |  |
|   | IMPORTANT: Read ca   | refully before submitting your applica  | ation.   |  |  |  |
| •Have you answered  | l all questions? Admission to examin   | nations shall be dependent upon informa   | ation furnished on this application.   |  |  |  |
| •Have you signed an   | nd dated the application?  |   |  |  |  |  |
| •Photocopy of the re  | equired course certificate(s) must be  | included.   |  |  |  |  |
| •A Statement of Qua<br>employment record                    | alifications (Form ADM-035A) from<br>d must accompany this application v         | each of the DEP approved licensed oper<br>rerifying your experience.  | rators at the plant(s) listed on your  |  |  |  |
| •Transcript of your of your educational qu                  | college degree(s), and a copy of your ualifications.                             | r high school diploma/equivalency certif  | icate must be included to support  |  |  |  |
|   | .S.A. 58:11-64 et. seq., a nonrefunda<br>te of New Jersey.                       | able application fee of \$35 is required. M   | Aake check payable to:   |  |  |  |
| •Send your applicat   | tion and fee with the necessary suppo  | orting documentation to:  |  |  |  |  |
|   | Examinations &   | ent of Environmental Protection<br>& Licensing Unit, General Services<br>PO Box 441<br>a, New Jersey 08625-0441                           |  |  |  |  |